FEE: \$10.00

Payable to:

State of New Hampshire

State of New Hampshire Department of State

Corporation Division
Concord Tel. 603-271-3244

Location: State House Annex - 3rd floor

Mailing Address: Corporation Division, Department of State

107 N Main St

Concord NH 03301-4989

CERTIFICATE OF ADDITION IN PARTNERSHIP USING TRADE NAME

Be it known that: (P	LEASE TYPE OR PRIN	T CLEARLY)			
NAME OF NEW MEMBER	NO.& STRE	ET 	CITY/TOWN	STATE	ZIP
has been added to the	firm doing busin	ess under the	e name of:		
	(Business Name)			
at (Business Address)	(No.)	(Street)	(City/Town)	(State)	(Zip)
Effective (date)					
The member(s) now compa	rising the firm ar	e:			
NAME OF MEMBER	NO. & STREE		CITY/TOWN	STATE	ZIP
Signed: [Must be sign	ned by each member	including ne	w member(s).]		